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09/617,476	07/17/2000	Christine B. Sweetser	ANC07	7540

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EXAMINER

PORTER, RACHEL L

ART UNIT	PAPER NUMBER
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3626

DATE MAILED: 08/26/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/617,476

Applicant(s)

SWEETSER, CHRISTINE B.

Examiner

Rachel L. Porter

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 10 January 2005.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 32-52 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 32-52 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date _____.
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed 1/10/05. Claims 32-52 are pending. Claims 1-31 have been cancelled.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 32-44, 45-51 and 52 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim 32 is vague and indefinite because it recites that the health facility includes certain stations "located within patient walking distance." The term "located within patient walking distance " in claim 32 is a relative term, which renders the claim indefinite. The term is not defined by the claim, the specification does not provide a standard for ascertaining the requisite degree, and one of ordinary skill in the art would not be reasonably apprised of the scope of the invention. While the claim indicates that this close proximity allows clients to walk to each of the stations, it is respectfully submitted that this claim language is subjective and vague. In the absence of support or objective guidelines to further define or clarify walking distance, the scope of the claim cannot be ascertained. For purposes of applying art, the Examiner will interpret

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this limitation to mean the participants are associated with a healthcare facility (i.e. within a healthcare network.) (See Joao: col. 15, lines 6-53)

A similar analysis may be applied to claim 52.

Claims 33-44 inherit the deficiencies of their respective independent claims through dependency, and are also rejected.

As per claim 45, it is unclear if the client and client workstation refer specifically to the patient and a patient workstation, or if the applicant is using the term "client" generically to refer to computers which are served by a master processor/server (as suggested by the first limitation which recites " a plurality of client treatment processing stations...including a practitioner station..."). Claims 46-51 inherit the deficiencies of claim 45 through dependency and are also rejected.

Claim Rejections - 35 USC § 102

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

5. Claims 45 and 49-52 are rejected under 35 U.S.C. 102(b) as being anticipated by Crane (USPN 5,748,907):

[Claim 45] Crane teaches computerized client-driven healthcare process for processing individual clients in a timely manner through a healthcare facility and

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creating a real-time client record to provide quality healthcare at low cost comprising the steps of:

- providing a healthcare facility including a plurality of client treatment processing stations (i.e. generic client stations relative to the master processor/server) inside the healthcare facility, including a practitioner station manned by a licensed professional; (Figures 7-9)
- providing a computer network including at least one central host computer and computer terminals at said processing station, a computer program with treatment processing program instructions stored in a computer readable medium accessible from said computer terminals, for soliciting and receiving client information at said processing station inside the facility; (col. 21, lines 65-col. 22, line 15)
- initiating a real-time client record accessible only in response to input of a proper client ID with the presence of the client at said processing station as said client proceeds through the facility; (col. 17, lines 12-22)
- creating said client record at a first of said processing stations by having said client establish said client ID code into a client record data base, by displaying a series of questions regarding a persons health state on a display monitor and having said client input responses to said questions into said data base creating said client record and closing said client record at said first station upon completion of said questions(Figure 2; col. 14, lines 20-25)

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- having said client move to a second of said processing stations having a monitor and an attendant and said computer terminal; (col. 25, lines 41-56)
- having said client ID code input at said second station for accessing said client record and inputting test results of tests conducted at said second station regarding said client into said client record at said second station and closing said client record at said station upon completion of said inputting; (col. 25, lines 58-col. 26, line 6)
- having said client move to a third of said processing stations having a practitioner and a display monitor, having said client ID code input at said third station for accessing said client record in the presence of the client and said practitioner; (col. 17, lines 12-22; col. 26, lines 8-32)
- conducting appropriate medical examinations of the client at said third station, inputting appropriate information into said accessed client record to include prescriptions and other necessary healthcare treatment into said client record in real time at said third station, and closing said client record upon completion of said inputting at said third station; (col. 26, lines 8-32)

whereby, said client record is established in real-time based on the input of client information with the presence and involvement of the client so that cost efficient effective healthcare treatment is provided. (col. 23, lines 30-36)

[Claim 49] Crane discloses a method including the step of inputting the client's choices of nutritional supplements into client record selected by the client at an emporium

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station based on the client's review of said client record at the emporium station. (col. 26, lines 55-62)

[Claims 50-51] See Crane col. 23, lines 1-35; col. 24, lines 1-39

[Claim 52] Crane discloses a computerized healthcare system for providing effective healthcare treatment at lower cost based on client involvement and input of client information comprising:

- a healthcare facility having a plurality of treatment process stations within a patient walking distance within said healthcare facility which the client visits during treatment; (Figure 27; col. 12, lines 1-13; col. 35, lines 43-50)
- a computer network having a central computer for storing a plurality of client records in a computer readable format accessible by the clients, alone and with others, at said treatment stations in real-time (Figure 1; col. 12, lines 25-32; col. 13, lines 25-38)
- computer terminals located at treatment processing stations connected in said computer network; (Figures 7-9)
- an interactive computer program embodied in computer readable code stored in a computer readable medium accessible from said computer terminals;
 - o said computer program including treatment program instructions to be carried out on said computer terminals at said treatment stations and responded to by the input of client information at said treatment stations in real-time, said program instructions including instructions for compiling

the client information to update said real-time client records at such treatment stations during the process; (Table 2; col. 21, lines 65-col. 22, line 15)

- said program instructions including process specific instructions for soliciting and receiving client information individually from the client as needed at each treatment station, and instructions for closing the client record at each treatment station in response to the completion of the inputting of client information at each treatment station and before the client proceeds to the next treatment station. (Table 2; col. 21, lines 65-col. 22, line 15)

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. Claims 32, 34-36, 41, 43, 44, and 47 are rejected under 35 U.S.C. 103(a) as being unpatentable over Crane (USPN 5,748,907) in view of Joao (US Patent No. 6,283,761)

[Claim 32] Crane teaches an advanced healthcare system for the computerized processing and treatment of individual clients in a client-driven and timely manner through a healthcare facility based on computer input of client information in real-time

providing quality healthcare at lower costs (col. 11, lines 44-66), said healthcare system comprising:

(a) a unitary healthcare facility having a plurality of treatment processing stations including a client station, a business station, a nurse station, and a practitioner station located within a patient walking distance inside said healthcare facility, which the clients visit during a healthcare treatment process; (col. 12, lines 1-13)

(b) a computer network having a host computer for storing a plurality of client records in a computer readable format accessible by said clients at said treatment processing stations in real-time; (Figure 1; col. 12, lines 25-32; col. 13, lines 25-38)

(c) computer terminals located at said treatment processing stations, connected in said computer network; (Figures 7-9)

(d) an interactive computer program embodied in computer readable code stored in a computer readable medium accessible from said computer terminals, and said computer program including treatment program instructions to be carried out at said treatment processing stations and responded to by the input of client information at said processing stations in real-time with said clients present including instructions for compiling said client information to establish individual real-time client records at said treatment processing stations during the treatment process; (col. 21, lines 65-col. 22, line 15)

(f) said business station including: ((Figure 2 ; communications Room—col. 14, lines 20-41)

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- at least one input device in communication with said computer terminal including a client ID input for accessing and retrieving the client record for the client in response to the input of a proper client ID code (col. 17, lines 12-22), and a client information input for inputting client information into said computer terminal;
- a display monitor for displaying financial queries for ascertaining the individual client's financial status for input into said client record establishing a level of service to be provided to the client while at said healthcare facility; (col. 17, lines 24-30, Figure 2 (216))
- said program instructions including instructions responsive to the completion of said financial queries for directing the individual client from said business station to an appropriate one of said nurse and practitioner station depending on the responses to said financial queries and closing said client record at said business station; (col. 17, lines 48-50; col. 17, lines 58-col. 18, line 3)

(g) said nurse station computer terminal including; (col. 18, lines 38-45; figure 9—
(737))

- at least one input device in communication with said computer terminal including a client ID input for accessing and retrieving the client record for the client in response to the input of a proper client ID code, and a client information input for inputting client information into said computer terminal (col. 17, lines 12-22; col. 18, lines 38-45; Figure 9)

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- said treatment program instructions including instructions for soliciting and receiving client information from laboratory and examination results obtained from the client at said nurse station, (col. 19, line 64-col. 20, line 8)
- a display monitor for displaying the accessed client record, and (Figure 9)
- said program instructions including instructions responsive to the completion of the input of client information concerning laboratory and examination results for closing said client record at said nurse station and directing the client to one of said practitioner station and exit station; ((col. 19, line 64-col. 20, line 8; col. 23, lines 1-11)

(h) said practitioner (i.e. technician) station including; (Figure 8)

- at least one input device in communication with said computer terminal including a client ID input for accessing and retrieving the client record for the client in response to the input of a proper client ID code, and a client information input for inputting client information into said computer terminal; (col. 26, lines 7-26; figure 8)
- a display monitor for displaying said accessed client record to the practitioner and the individual client during examination, and (col. 26, lines 7-26; figure 8)
- said treatment program instructions including instructions for soliciting and receiving client information concerning examination data along with indicated treatment and medication developed by said practitioner at said practitioner station, and (col. 26, lines 7-26; figure 8)

- said program instructions including instructions for closing said individual client record upon completion of input of said examination data, indicated treatment and medication into said individual client record; (col. 26, lines 7-26; figure 8; col. 25, lines 9-15)

whereby an integrated healthcare system is provided based on real-time client involvement and input which establishes a complete and updated client record with increased client participation and education facilitating controlled cost and quality healthcare. (col. 23, lines 30-36)

Crane discloses a healthcare system for processing patients in real-time in a healthcare facility as explained above, but does not expressly disclose that the system includes a separate patient (i.e. client) workstation. However, Crane does disclose that the patient does go through an initial registration/interview process when joining the system (col. 14, lines 20-25). Joao discloses a system that includes a separate client workstation/terminal comprising: a display monitor for displaying said queries and said client record; at least one input device in communication with said computer terminal including a client ID input for accessing and retrieving the client record for the client in response to the input of a proper client ID code, and a client information input for inputting client information into said computer terminal; and program instructions including instructions responsive to completion of said queries and responses to close said client record at said client station . See Joao (Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-40; col. 36, lines 31-44-patient entering information) The client-server system includes a plurality of input "client stations" with a plurality of

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devices to allow the patient (e.g. client) to input identification information (e.g. social security number, account number) to access/create the patient record. (i.e. operatively associating record and ID) and a client/patient station display monitor at said client station for displaying said medical queries whereupon client responses to said queries are input into said client (e.g. patient) record; (Joao: Figure 5; col. 14, lines 13-32, lines 49-58, col. 22, lines 11-63; col. 29, lines 29-55) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Crane with the teaching of Joao to include a separate client/patient workstation. One would have been motivated to include this feature to facilitate and expedite the entry of the patient's medical record, thereby increasing the efficiency of the healthcare process. (See Crane: col. 7, lines 60-67)

[Claim 34] Crane discloses a system wherein said practitioner station includes a plurality of examination rooms each being equipped with a computer terminal, display monitor, and at least one input device for inputting said client ID code and said client information. (col. 26, lines 8-32; col. 17, lines 12-22; Figure 12)

[Claim 35] Crane and Joao teach the system of claim 32, as explained in the rejection of claim 32. Crane further discloses a system in which the diagnostic nurse reviews treatment options with the patient (col. 22, lines 22-36), but does not disclose an alternative therapy workstation. Joao teaches that the providers included among the networked users/clients of the disclosed system include various therapists (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65). The Joao system also provides users with access

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to information on experimental treatments and alternative therapies. (col. 20, lines 9-19) (i.e. an alternative therapy station where the client may review alternative therapy options). Joao further discloses a computer terminal connected to the system computer for generating options data representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Crane with the teaching of Joao to include alternative therapy workstations. One would have been motivated to include this feature to ensure that the patient is actively involved in the healthcare decision-making process and in understanding his or her progress over time. (Crane: col. 23, lines 30-35)

[Claim 36] Crane teaches a system including a printed, take-home report based on said client record upon termination of the client process in the facility for the client to take home. (col. 23, lines 44-51)

[Claim 41] Crane discloses a system including an emporium station having a store section for the purchase of health supplements, said emporium station having a computer terminal connected in said computer network for accessing said client record so that collaborative purchase decisions may be made while reviewing the client record, and said program instructions include instructions for inputting purchase data into said

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client record at said emporium station. (col. 23, lines 31-42; col. 26, lines 55-67; col. 34, lines 37-57)

[Claim 43] Crane and Joao in combination disclose the system of 32 that includes a client station. Crane discloses a system wherein said program instructions include instructions for providing a series of questions that prompt a response from the client regarding the reasons for the client's visit and health complaints at said client station. (col. 24, lines 1-39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to question the patient at a separate client workstation. As suggested by Crane, one would have been motivated to include this feature to allow patients to be questioned without interfering with the flow of patients throughout diagnostic and test rooms. (col. 22, lines 22-25)

[Claim 44] Crane and Joao in combination teach the system of claim 43. Furthermore, Joao teaches a system wherein said program instructions include instructions for prompting a "yes" or "no" response from the client in regard to the questions regarding the reasons for the client's visit and health complaints at said client station. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment) At the time of the Applicant's invention, it would have been obvious to modify the system of Crane with the teaching of Joao to include yes and no questions. One would have been motivated to include this feature to simplify the interview process.

[Claim 47] Crane further discloses a system in which the diagnostic nurse reviews treatment options with the patient (col. 22, lines 22-36), but does not disclose an alternative therapy workstation. Joao teaches that the providers included among the networked users/clients of the disclosed system include various therapists (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65). The Joao system also provides users with access to information on experimental treatments and alternative therapies. (col. 20, lines 9-19) (i.e. an alternative therapy station where the client may review alternative therapy options). Joao further discloses a computer terminal connected to the system computer for generating options data representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system in of Crane with the teaching of Joao to include alternative therapy workstations. One would have been motivated to include this feature to ensure that the patient is actively involved in the healthcare decision-making process and in understanding his or her progress over time. (Crane: col. 23, lines 30-35)

8. Claims 33 and 40 are rejected under 35 U.S.C. 103(a) as being unpatentable over Crane and Joao, in view of Mayaud (US Patent No. 5,845,255).

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[Claims 33 and 40] Crane and Joao teach system of claim 32 as explained in the rejection of claim 32. Crane also discloses computer terminals with patient ID readers (col. 9, lines 29-35), but Crane and Joao in combination do not specifically teach that the identification device comprises a fingerprint sensor for sensing the fingerprint of the client as said ID code. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Crane and Joao in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

9. Claims 37-39 are rejected under 35 U.S.C. 103(a) as being unpatentable over Crane and Joao, in view of Yokota et al (US Patent No. 5,713,350).

[Claims 37-39] Crane and Joao in combination disclose the system of claim 32. Crane further discloses that a diagnostic nurse determine which laboratory tests need to be run, but does not expressly disclose the specialized equipment that is found at his/her desk. (col. 23, lines 1-5) Yokota teaches an integrated healthcare system that

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includes a plurality of blood sampling and computerized blood analysis machines connected to a network to collect blood results on a patient (Yokota: Figure 3 and 7; col. 6, lines 1-30; col. 9, lines 35-66). Yokota also teaches a system that includes a hematology machine, blood pressure, pulse and temperature machine, and blood chemistry analyses machine connected directly to said system computer for direct input of said lab data. (Yokota: col.5, lines 6-25; col. 6, lines 1-30) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Crane in Joao in combination with the teaching of Yokota to include blood sampling and blood analysis machines at the provider/nurses stations. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information to other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

10. Claim 42 is rejected under 35 U.S.C. 103(a) as being unpatentable over Crane and Joao, in view of Campbell et al (US Patent No. 6,208,974—referred to hereinafter as Campbell)

[Claim 42] Crane and Joao teach the system of claim 41, as explained in the rejection of claim 41. Crane further discloses an emporium station having a computer terminal connected in said computer network for accessing said client record and providing information on patient prescriptions (col. 23, lines 31-42; col. 26, lines 55-67; col. 34, lines 37-57), but does not expressly disclose that educational videos are shown at the

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emporium computer. Joao further discloses that the system includes educational videos to be viewed by clients and/or healthcare providers (i.e. viewing educational classes) (col. 18, line 50-65), but Crane and Joao in combination do not teach these educational classes as part of the emporium station. Campbell teaches a system that includes an emporium section (i.e. station for the purchase of wellness plans) wherein clients may view educational videos/classes. (col. 23, lines 61-67) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Crane and Joao in combination with the teaching of Campbell to provide education classes at the emporium station. One would have been motivated to include this feature to actively involve the patient in understanding his/her healthcare and the progress he/she makes over time. (Crane: col. 23, lines 30-36)

11. Claims 46 is rejected under 35 U.S.C. 103(a) as being unpatentable over Crane in view of Mayaud (US Patent No. 5,845,255).

[Claim 46] Crane teaches the process of claim 45, but does not disclose that the inputting of the client ID code utilizes the fingerprint of the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Crane and Joao in combination with the teaching of Mayaud to include

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fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

12. Claims 48 is rejected under 35 U.S.C. 103(a) as being unpatentable over Crane in view of Yokota et al (US Patent No. 5,713,350).

[Claim 48] Crane discloses a method in which a diagnostic nurse determines which laboratory tests need to be run for a patient and wherein this data is input, but does not expressly disclose the type of tests that are run. (col. 23, lines 1-5) Yokota teaches an integrated healthcare system that includes a plurality of blood sampling and computerized blood analysis machines connected to a network to collect blood results on a patient (Yokota: Figure 3 and 7; col. 6, lines 1-30; col. 9, lines 35-66). Yokota also teaches a system that includes a hematology machine, blood pressure, pulse and temperature machine, and blood chemistry analyses machine connected directly to said system computer for direct input of said lab data. (Yokota: col.5, lines 6-25; col. 6, lines 1-30) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Crane with the teaching of Yokota to include blood sampling and blood analysis/tests machines in the patient record. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information to other healthcare providers, payers, and other

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authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Crane: col. 9, lines 29-35)

Response to Arguments

13. Applicant's arguments with respect to claims 32-52 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

14. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

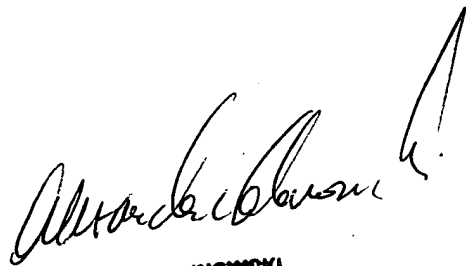
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Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is (571) 272-6775. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

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